

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>	<i>68904</i>	<i>3/2/00</i>
O.I.P.E. CLASSIFIER	<i>W</i>		<i>3-10-00</i>
FORMALITY REVIEW	<i>DB</i>	<i>65373</i>	<i>4/24/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/17/03
2	✓	✓	3/26/04
3	✓	✓	
4	✓	✓	
5	✓	✓	
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7	✓	✓	
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If more than 150 claims or 10 actions  
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